

United States Courts
 Southern District of Texas
 FILED

APR 13 2009

*Michael N. Milby, Clerk of Court*In Re: Estate of Anne P. Hutton ,
deceased

Case No. 95-47219

§
§
§

Debtor(s). §

**Application for Payment of Unclaimed Funds
and Certificate of Service**

1. I am making application to receive \$ 19,579.74, which was deposited as unclaimed funds on behalf of Anne P. Hutton, deceased *(name of original creditor/debtor)*.

2. Applicant is entitled to receive the requested funds, has made sufficient inquiry and has no knowledge that any other party may be entitled to, and is not aware of any dispute regarding the funds at issued based upon the following (*check the statement(s) that apply*):

- a. Applicant is the creditor/debtor named in paragraph 1, and the owner of the funds appearing on the records of this Court, as evidenced by the attached documents.
 - b. Applicant is the attorney in fact for the creditor/debtor named in paragraph 1, with authority to receive such funds, or who is authorized by the attached original Power of Attorney to file this application on behalf of the creditor/debtor.
 - c. Applicant is the assignee or successor-in-interest of the creditor/debtor named in paragraph 1, or the representative of the assignee or successor-in-interest, as evidenced by the attached documents establishing chain of ownership and/or assignment.
 - d. Applicant is a duly authorized corporate officer (if a corporation) or a general partner (if a partnership) and a representative of the creditor/debtor named in paragraph 1.
 - e. Applicant is the representative of the estate of the deceased creditor/debtor named in paragraph 1, as evidenced by the attached certified copies of death certificate and other appropriate probate documents substantiating applicant's right to act on behalf of the decedent's estate.
 - f. None of the above apply. As evidenced by the attached documents, applicant is entitled to these unclaimed funds because:
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3. I understand that pursuant to 18 U.S.C. § 152, I could be fined no more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document or accompanying supporting documents. I further understand that any indications of fraud detected by the Court will be turned over to the U.S. Attorney for possible prosecution.
4. I declare under penalty of perjury under the laws of the United States of America that the foregoing statements and information are true and correct.

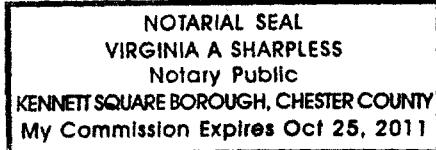
Dated: 2/10/09

Applicant's Signature Steven B. Hutton, Executor
Applicant's Name Steven B. Hutton
Address c/o Larmore Scarlett LLP, P.O. Box 384
Kennett Square, PA 19348
Phone: (610) 444-3737

Subscribed and sworn before me this 16th day of February, 2009.

Virginia A. Sharpless
Notary Public
State of PENNSYLVANIA
My commission expires 10/25/2011

Attachments: 1. Death Certificate
2. Short Certificate
3. _____
4. _____



Certificate of Service

I certify that on 4/8/09 (date), a true and correct copy of this application for payment of unclaimed funds was served by first class United States Mail on the following:

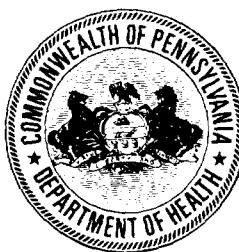
U.S. Attorney
P.O. Box 61129
Houston, TX 77208

U.S. Trustee
515 Rusk Ave., Ste.3516
Houston, TX 77002

Other: _____

with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

WARNING: It is illegal to duplicate this copy by photostat or photograph.



Charles Hardester

Charles Hardester
State Registrar

3185319

No.

MAY 6 2004

Date

H105.143 Rev. 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS
CERTIFICATE OF DEATH

060762

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|---|-------------------------------------|----------------------------------|---|--|--|
| PRINT N AMEN T KINK | | | | | | | | | | | | STATE FILE NUMBER | | | | | |
| NAME OF DECEDENT (First, Middle, Last) 1. ANN P Hutton | | | | | | | | | | | | SEX | SOCIAL SECURITY NUMBER | DATE OF DEATH (Month, Day, Year) | | | |
| AGE (Last Birthday) 72 Months Days Under 1 Year Under 1 Day | | | | | | | | | | | | 2. Female | 3. 207 - 20 - 6811 | 4. 6-17-99 | | | |
| DATE OF BIRTH (Month, Day, Year) 8-29-26 | | | | | | | | | | | | PLACE OF DEATH (Check only one — see instructions on other side) | | | | | |
| BIRTHPLACE (City and State or Foreign Country) 5. Philadelphia | | | | | | | | | | | | HOSPITAL | ER/Outpatient | DOA | OTHER | | |
| 6. | | | | | | | | | | | | Inpatient | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Nursing Home | | |
| 7. | | | | | | | | | | | | Other | <input type="checkbox"/> | Residence | <input type="checkbox"/> | Other (Specify) <input type="checkbox"/> | |
| CITY, BORO, TWP. OF DEATH 8. Chester 15 Penn Twp | | | | | | | | | | | | WAS DECEDED OF HISPANIC ORIGIN? 9. No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify Cuban, Mexican, Puerto Rican, etc. | | | RACE - American Indian, Black, White, etc. 10. White | | |
| FACILITY NAME (if not institution, give street and number) 9a. Southern Chester County Med. Ed. | | | | | | | | | | | | SURVIVING SPOUSE 11. (If wife, give maiden name) Richard Hutton | | | | | |
| DECEDENT'S USUAL OCCUPATION 11a. Homemaker | | | | | | | | | | | | DECEDENT'S EDUCATION 12. (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (14 or 5+) | | | MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) 13. Married | | |
| DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) 11b. 211 Azalea Lane West Grove, PA 19390 | | | | | | | | | | | | 14. Did decedent live in a township? 17a. Yes, decedent lived in _____ 17b. No, decedent lived within actual limits of _____ | | | 15. SURVIVING SPOUSE Richard Hutton | | |
| DECEDENT'S ACTUAL RESIDENCE 17a. State PA 17b. County Chester | | | | | | | | | | | | 17c. Yes, decedent lived in _____ 17d. No, decedent lived within actual limits of _____ | | | 16. Penn | | |
| FATHER'S NAME (First, Middle, Last) 18. John V. Postles | | | | | | | | | | | | MOTHER'S NAME (First, Middle, Maiden Surname) 19. Helen Nason | | | | | |
| INFORMANT'S NAME (Type/Print) 20a. Richard J. Hutton | | | | | | | | | | | | INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) 20b. 211 Azalea Lane West Grove, PA 19390 | | | | | |
| METHOD OF DISPOSITION 21a. Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> | | | | | | | | | | | | DATE OF DISPOSITION (Month, Day, Year) 21b. 6-18-99 | | | PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place 21c. RA Ferris Inc | | |
| SIGNATURE OF FUNERAL SERVICE, LICENSEE OR PERSON ACTING AS SUCH 22a. Matthew J. Price | | | | | | | | | | | | LICENSE NUMBER 22b. FD 014534 L | | | NAME AND ADDRESS OF FACILITY 22c. Foulk F.H. 200 Rose Hill Rd West Grove, PA | | |
| 23a. Complete items 23a-c only when certifying physician was present at time of death to certify cause of death. To the best of my knowledge, death occurred at the time, date and place stated (Signature and Title) Sean Donnell MD | | | | | | | | | | | | LICENSE NUMBER 23b. MD 041627-E | | | DATE SIGNED (Month, Day, Year) 23c. 6/17/99 | | |
| 24a. Items 24-26 must be completed by person who pronounces death. TIME OF DEATH 24. 9:58 AM M 25. 6/17/99 | | | | | | | | | | | | 25. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. 26. Approximate interval between onset and death End stage renal disease Peritonitis Deep vein thrombosis | | |
| 27. PART I: Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cerebrovascular Accident DUE TO (OR AS A CONSEQUENCE OF) b. Hypertension DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. | | | | | | | | | | | | | | | | | |
| 28a. WAS AN AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 28b. WHERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes <input type="checkbox"/> No <input type="checkbox"/> 29. MANNER OF DEATH Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> | | | | | | | | | | | | DATE OF INJURY (Month, Day, Year) 30a. 30b. M. 30c. 30d. TIME OF INJURY PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 30e. 30f. | | | INJURY AT WORK? Yes <input type="checkbox"/> No <input type="checkbox"/> LOCATION (Street, City/Town, State) 30g. | | |
| 29. CERTIFIER (Check only one) *CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated..... | | | | | | | | | | | | SIGNATURE AND TITLE OF CERTIFIER 31b. Sean Donnell MD | | | | | |
| *PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated..... | | | | | | | | | | | | LICENS NUMBER 31c. MD 041627-E DATE SIGNED (Month, Day, Year) 31d. 6/17/99 | | | | | |
| *MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated..... 31e. | | | | | | | | | | | | NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 32. Sean Donnell 710 E Lancaster Exton PA 19341 DATE FILED (Month, Day, Year) 33. 6/17/99 | | | | | |
| REGISTRAR'S SIGNATURE AND NUMBER 34. Anna E. Gentry | | | | | | | | | | | | | | | | | |

S H O R T C E R T I F I C A T E

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CHESTER

File Number: 1599-0900

I, PAULA GOWEN, Register of Wills, in and for the County of Chester in the Commonwealth of Pennsylvania, do hereby certify that on the 13th day of February, 2009

LETTERS TESTAMENTARY

on the Estate of:

ANNE P. HUTTON, Deceased

were granted to:
STEVEN B. HUTTON

having first been qualified well and truly to administer the same. I further certify that no revocation of said Letters appears of record in my office.

Given under my hand and seal of office this
13th day of February, 2009

[Signature]
Deputy for the Register of Wills

NOT VALID WITHOUT ORIGINAL SIGNATURE AND IMPRESSED SEAL